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RECUEST AS ATT	FOR WITHDRAWAL
IAN 0 7 1999	26 A

Application Number	09/133755				
Filing Date	08/13/98				
First Named Inventor	James Johnson				
Group Art Unit	Unassigned	-			
Examiner Name	Unassigned				
Attorney Docket Number	10172-9013-006				

Stant Commissioner for Patents Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are:

BUSINESS WAS TRANSFERRED TO ILLINOIS TOOL WORKS, INC.

 The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to: 										
Custom OR	er Numbe	CORRESPONDENCE ADDRESS er				Place Customer Number Bar Code Label here				
Firm or Individual Name ILLINOIS TOOL WORKS, INC.										
Address MR. THOMAS BUCKMAN										
Address		3600 W. LAKE AVENUE								
City		GLENVIEW		5	State	IL	ZIP	60025		
Country		COOK								
Telephone		847-724-75	00	F	ах	-				
This request is enclosed in triplicate.								·		
Name	ROBE	ERT S. BEISER OF MICHAEL, BEST & FRIEDRICH								
Signature	Rol	Lobert S. Beines								
Date	DECE	ECEMBER 28, 1998								
NOTE: Withdrawal is effective when approved rather than when received.										

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

